



Complete Summary

TITLE

Major depressive disorder: percent of patients screened for depression.

SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients who are screened annually for depression in primary care settings.

This measure is a component of a composite measure; it can also be used on its own.

RATIONALE

Depression is a common and costly mental health problem, seen frequently in general medical settings. Despite the high prevalence of depression in general medical care settings, the disorder often goes undetected and unrecognized. If depression is not recognized, patients may be subjected to the risks and costs of unnecessary diagnostic testing and treatment. A number of screening tools have been shown to fairly accurately detect depression, as a first step in treating depression.

PRIMARY CLINICAL COMPONENT

Major depressive disorder; screening

DENOMINATOR DESCRIPTION

The number of individuals who are seen at least once by a physician (MD or DO), physician assistant (PA), or nurse practitioner (NP) for a primary care visit at a specified clinic (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary), excluding those individuals who visited a tertiary clinic for a specialty consult or received individual, group, or psychopharmacological treatment for depression during a 12-month period

NUMERATOR DESCRIPTION

The number of patients from the denominator whose medical record contains documentation demonstrating the use of a nationally recognized standardized screening instrument and the outcome of the screen

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [VHA/DOD clinical practice guideline for the management of major depressive disorder in adults.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Behavioral Health Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians
Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Major depressive disorder, diagnosed by structured psychiatric interviews and specific diagnostic criteria, is present in 5%-13% of patients seen by primary care physicians. The prevalence of this disease in the general population is about 3%-5%.

EVIDENCE FOR INCIDENCE/PREVALENCE

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): William & Wilkins; 1996. Screening for depression. p. 541-6. [46 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

The suicide rate in depressed persons is at least 8 times higher than that of the general population. Depressed persons frequently present with a variety of physical symptoms--three times the number of somatic symptoms of controls in one study. If their depression is not recognized, these patients may be subjected to the risks and costs of unnecessary diagnostic testing and treatment.

EVIDENCE FOR BURDEN OF ILLNESS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): William & Wilkins; 1996. Screening for depression. p. 541-6. [46 references]

UTILIZATION

Unspecified

COSTS

The annual economic burden of depression in the United States (U.S.) (including direct care costs, mortality costs, and morbidity costs) has been estimated to total almost \$44 billion.

EVIDENCE FOR COSTS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): William & Wilkins; 1996. Screening for depression. p. 541-6. [46 references]

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All eligible patients not already reviewed during the 12-month period who visited 1 of a specified list of outpatient clinics

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients seen in one of the following 8 clinics:

- Primary Care
- General Medicine
- Cardiology
- Endocrinology/Metabolism
- Diabetes
- Hypertension
- Pulmonary/Chest
- Women's Clinic

All patients seen in one of the above clinics and seen by a:

- Physician (MD or DO),
- Physician Assistant (PA), or
- Nurse Practitioner (NP)

Exclusions

All patients whose current year qualifying visit was at a tertiary facility for a specialty consult only (no other primary care or general medicine visit at the tertiary center)

Patients already having a diagnosis of depression and under treatment are excluded. Treatment can include group or individual therapy, being actively followed by a clinician for the diagnosis, and/or prescription for an antidepressant drug.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Documentation in the medical record to demonstrate use of a nationally recognized standardized screening instrument AND the outcome of that screen. Although it is expected the instrument will be used most frequently in primary care, it is accepted if the standardized instrument is used in another clinic. See the related "Pre-existing Instruments Used" field in this summary for a list of approved screening instruments.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative and medical records data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Approved screening instruments include:

- PRIME-MD
- MOS Depression items (recommended for patients under age 60)
- CEB-D (5 item brief version for patients age 60 and over)
- SSDS-PC
- CESD (5, 10, or 20 item version)
- BDI-S (13 item version)
- BDI (21 items)
- Hamilton Rating Scale for Depression
- DSM4 criteria for major depressive disorder (MDD)
- Williams et al one-item screener

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal year (FY) 2002 target indicator component target major depressive disorder (MDD) screening:

- Fully successful: 87%
- Exceptional: 94%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

CPG-MDD screened.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2002: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Clinical Practice Guidelines \(FY 2002\)](#)

COMPOSITE MEASURE NAME

[Major Depressive Disorder](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2001 Nov

REVISION DATE

2002 Mar

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

MEASURE AVAILABILITY

The individual measure, "CPG-MDD Screened," is published in "FY 2002 VHA Performance Measurement System: Technical Manual." This document is available in Word format from the [Veterans Health Administration Web site](#).

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NQMC STATUS

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